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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 15	to Cou 5 to Sta	te Superint	endent			May 24	Second Ser to County Su to State Supe	perintender rintendent	ıt
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	URSEMEN	T FOR	SCHO	OL BUS TRA	ANSPORTAT	ION:	
This clain	n is for the	period beginning	!		,	20	and endi	ng		, 20	
			1	month	day			:	month	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	best of my kn	owledge.					
Date			Signatu	re, Chair, Board	l of Trustees						
County:			District	•					Dist	rict Level:	
48 Stillw	vater		0846	Park Cit	y Elem				Ele	ementary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	1 8	Bus Driver's locial Security #
50	5	1		108	1.36	66	;	08/02/04			
50	5	3		23	1.36	66	;	08/02/04			
50	5	4		48	1.57	71		08/02/04			
						•				<u> </u>	

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 1	to Cou					-	Second Semeste o County Superin o State Superinte	tendent	
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHO	OL BUS TRA	NSPORTATION	:	
This clain	n is for the	period beginning	I		,	20	and endi	ng	,	20	
			1	month	day			n	onth d	ay	
CERTIFI	CATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District Le	evel:	
48 Stillw	ater		0847	Park Cit	y H S				High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Сара	city	Inspection	Days Operated		Bus Driver's cial Security #
50	5	1		108	1.36	66	,	08/02/04			
50	5	3		23	1.36	66	;	08/02/04			
50	5	4		48	1.57	71		08/02/04			
	-		•			•	•			-	

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester	Second Se
DUE	February 1 to County Superintendent	May 10 to County S
DATES:	February 15 to State Superintendent	May 24 to State Sup
	_	· -

DUE DATES:		February 1 to February 15 to	State Superint	endent		May 24 t	Second Semester to County Supering to State Superinter	tendent ndent
							NSPORTATION:	
This clair	n is for the	period beginning	month	, day	20 and en	ding	nonth da	20
CERTIF	ICATIO		month	uay		n.	nontin ta	1.9
		N: this form is complete	and accurate to th	e best of my kn	owledge.			
Date County:			nature, Chair, Boar	d of Trustees			District Lev	vel:
48 Stilly	vater	08	348 Columbi	us Elem			Elemen	ntary
48 Stilly Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
	District	Route	Miles	Rate	Capacity 66	Inspection None	Days	Bus Driver's
Percentage	District #	Route #	Miles Per Day	Rate Per Mile			Days	Bus Driver's
65	District #	Route # 1-Flaherty	Miles Per Day 64.8	Rate Per Mile 1.36	66	None	Days	Bus Driver's
Percentage 65 65	District # 6 6	Route # 1-Flaherty 2-Rapelje	Miles Per Day 64.8 90.6	Rate Per Mile 1.36 0.95	66 48	None None	Days	Bus Driver's
65 65 65	District # 6 6 6	Route # 1-Flaherty 2-Rapelje 3-Shane Cr.	Miles Per Day 64.8 90.6 69.2	Rate Per Mile 1.36 0.95 1.80	66 48 84	None None None	Days	Bus Driver's

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					-	Second Semeste o County Superin o State Superinte	tendent
COMPLI	ETE TH	IS CLAIM FOR STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	•
This clain	n is for the	period beginning		,	20 and en	ding	,	20
			month	day		m	nonth d	ay
CERTIF	CERTIFICATION:							
The infor	mation on	this form is complete and	accurate to the	e best of my kno	owledge.			
Date	Signature, Chair, Board of Trustees							
County:		Distric	t:				District Le	evel:
48 Stillw	vater	0849	Columbi	ıs H S			High S	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
35	6	1-Flaherty	64.8	1.36	66	None		
35	6	2-Rapelje	90.6	0.95	48	None		
35	6	3-Shane Cr.	69.2	1.80	84	None		
35	6	4-Park City	49.4	1.57	72	None		
35	6	5-Whitebird	74.2	1.36	66	None		
35	6	6-Countryman Cr.	39.6	1.57	76	None		

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	na, M	T 59620-25	01		School Bus T	ransportation	County
DUE DATES:		February 1	to Cou	emester inty Superinate Superint				Second Semesto County Superin State Superinto	ntendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								[:	
This clain	im is for the period beginning						ndingm		, 20 lay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date	Signature, Chair, Board of Trustees								
County:	District:							District L	evel:
48 Stilly	vater	ater 0850 Reed Point Elem Elementary						ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	9-9	1A		100	0.95	36	08/13/04		

36

08/13/04

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	
County	

			na, M	Г 59620-25	01		School Bus T	ransportation	County
DUE DATES:		February 1 February 1	to Cou				•	Second Semester o County Superinte o State Superintend	
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This clain	nis claim is for the period beginning						-	, 20	
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date		Signature, Chair, Board of Trustees							
County:	District: District Level:							1:	
48 Stilly	vater		0851 Reed Point H S High School						nool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	9-9	1A		100	0.95	36	08/13/04		
40	9-9	2A		59	0.95	36	08/13/04		_

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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0.95

School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

		Hele	ena, MT	59620-25	01		School Bus I	ranspo	rtation	·		
DUE DATES:		February 1 February 1		ty Superin			•	o County	Semester Superint	endent		
COMPL	ETE TH	IS CLAIM FO	OR STAT	TE REIME	BURSEMEN	NT FOR SCH	IOOL BUS TRA	NSPORT	TATION:			
This claim is for the period beginning						20 and er	0	onth	, 2			
CERTIF:			olete and a	ccurate to the	e best of my kn	owledge.						
Date		Signature, Chair, Board of Trustees										
County: District:									District Lev	rel:		
48 Stillw	ater		0853	Fishtail I	Elem				Element	tary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated		us Driver ial Securi	

48

08/05/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1	First Semester to County Supering to State Supering			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	ETE THIS CLAIM FO	R STATE REIM	BURSEMI	ENT FO	R SCHOOL	BUS TRANSPOR	ΓΑΤΙΟΝ:			
This claim	is for the period beginning	S		_, 20	_ and ending _		, 20	,		
		month	day			month	day			
CERTIFI	CATION:									
The inform	nation on this form is comp	lete and accurate to th	ne best of my	knowledg	e.					
Date		Signature, Chair, Boar	d of Trustees							
County:		District:					District Level:			

48 Stilly	tillwater 0858 Rapelje Elem Elementary						ntary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
54	32	1	140.4	0.95	49	08/03/04		
54	32	2	84.4	0.95	36	08/03/04		
54	32	3	130	0.95	41	08/03/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

11 14											
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE THI	IS CLAIM FO	OR STA	TE REIME	URSEMEN	T FOR S	CHOOL BUS T	RANSPORTA	TION:		
This clain	n is for the	period beginning	z		,	20 and	l ending		, 20		
			1	month	day			month	day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	l of Trustees						
County:			District	•				D	istrict Level:		
48 Stillw	vater		0859 Rapelje H S High School								
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y Inspection	Days Operat		Bus Driver's locial Security #	
46	32	1		140.4	0.95	49	08/03/04				
46	32	2		84.4	0.95	36	08/03/04				
46	32	3		130	0.95	41	08/03/04				
			•					-	•		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

First Semeste

DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning, 20 and ending, 20							20				
			1	month	day			n	onth d	ay	
CERTIF	CERTIFICATION:										
The information on this form is complete and accurate to the best of my knowledge.											
Date Signature, Chair, Board of Trustees											
County: District:							District Level:				
48 Stillwater 0861 Absard				Absarok	okee Elem				Elementary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	Bus Driver's Social Security #	
50	52-C	1		114	1.57	71		08/03/04			
50	52-C	2		68	1.57	71		08/03/04			
50	52-C	3		96	1.57	71		08/03/04			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1	First Semester to County Superi 5 to State Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning					20 and	d ending	nding			
CERTIFICATION:										
The infor	mation on	this form is comp	lete and accurate to t	•	owledge.					
Date Signature, Chair, Board of Trustees										
County: District:					District Level:					
48 Stillwater 0862 Absarokee H S					High School					
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacit	y Inspectio		Days erated	Bus Driver's Social Security #	
50	52	1	114	1.57	71	08/03/0	4			
50	52	2	68	1.57	71	08/03/0	4			
50	52	3	96	1.57	71	08/03/0	4			